



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Acknowledgement of Dental Insurance Termination

The Fairfax County Retirement Administration Agency has received a request from you to terminate your dental insurance coverage effective _____.*

By terminating your coverage with the County you will never be able to re-enroll with any carrier as a Fairfax County retiree. Please complete this form and return it to the following address: 10680 Main Street, Suite 280, Fairfax, Virginia 22030-3812.

You may fax this form to 703-273-3185 if you prefer.

Name (Please Print)

Signature

Social Security Number

Phone Number

Address

City

State

Zip

**If the effective date listed above is the first day of a month, you will not be billed for that month. However, if the effective date of your coverage termination is NOT the first day of the month, there is no proration of monthly premium. You will be responsible for the entire month's premium.*

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Retirement Administration Agency

10680 Main Street * Suite 280 * Fairfax, VA 22030

Phone: 703-279-8200 * 1-800-333-1633 * Fax: 703-273-3185

<http://www.fairfaxcounty.gov/retbrd/>